



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

BIB DATA SHEET

CONFIRMATION NO. 5941

| SERIAL NUMBER | FILING or 371(c) DATE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. | | |
|--|---|--|------------------|--|--------------|--------------------|
| 10/824,011 | 04/14/2004 | 604 | 3766 | P-7835.11 C3 | | |
| APPLICANTS Orhan Soykan, Shoreview, MN; Maura G. Donovan, St. Paul, MN; | | | | | | |
| ** CONTINUING DATA ***** This application is a CON of 09/654,185 09/01/2000 PAT 6,775,574 which is a CON of 09/145,743 09/02/1998 PAT 6,151,525 which claims benefit of 60/064,703 11/07/1997 | | | | | | |
| ** FOREIGN APPLICATIONS ***** UNITED STATES OF AMERICA PCT/US00/30544 11/03/2000 JAPAN 524570/02 11/03/2000 CANADA 2,421,451 11/03/2000 EUROPEAN PATENT OFFICE (EPO) EP00978392.9 11/03/2000 AUSTRALIA 2001215860 11/03/2000 UNITED STATES OF AMERICA PCT/US01/47229 11/06/2001 THE HONG KONG SPECIAL ADMINISTRATIVE REG 03108867.0 12/04/2003 | | | | | | |
| ** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/23/2004 | | | | | | |
| Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| Verified and /CARL HERNANDZ LAYNO/ | Examiner's Signature | Initials | MN | 2 | 25 | 3 |
| ADDRESS Kenneth J. Collier Medtronic, Inc. 710 Medtronic Parkway N.E. Minneapolis, MN 55432 UNITED STATES | | | | | | |
| TITLE Method and system for myocardial infarction repair | | | | | | |
| FILING FEE RECEIVED 990 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | | <input type="checkbox"/> All Fees | | |
| | | | | <input type="checkbox"/> 1.16 Fees (Filing) | | |
| | | | | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) | | |
| | | | | <input type="checkbox"/> 1.18 Fees (Issue) | | |
| | | | | <input type="checkbox"/> Other _____ | | |
| | | | | <input type="checkbox"/> Credit | | |